

Abstract 685

TITLE: HIV Prevention Opportunities in Primary Care Canters

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ISSUE: To increase OB/Gyn offices offering HIV testing to all pregnant women, and not only those perceived as high risk for HIV. A major reason cited by physicians, for not offering HIV testing as a standard of care, is that it takes too much time to provide pretest counseling.

SETTING: Academic and non-academic private and public health clinics.

PROJECT: In an effort to address this problem, the project coordinator approached the situation by entering into a linkage agreement with participating sites and providing (1) a staff in-service on HIV prevention and risk reduction, cultural barriers and challenges (2) gathering baseline information about testing practices at each facility 3 months prior to the project and throughout (3) supporting each site as they developed a plan for providing all pregnant women seen at that their facility with our lower literacy booklet, Moms to Be and Testing for HIV (4) surveying the clients to determine whether they received the booklet and were offered testing (5) collecting data monthly from each site to monitor booklet distribution and testing (6) providing technical assistance to sites with low testing rates (7) providing sites with male and female condoms and other prevention materials as requested (8) making available HIV infected parents to share their insight with the OB/Gyn and staff about the importance offering HIV testing to all pregnant women.

RESULTS: Participating sites included two academic sites and four non-academic sites, the testing rates increased at all sites between 75-95%.

LESSONS LEARNED: (1) Sites which believed that their clients were at risk for HIV were more committed to making sure their clients received the testing booklet (2) staff attitudes determined their willingness to offer testing again to a client, who refused it the first time (3) sites which had more culturally diverse staff or who were of the same ethnicity as their clients were more likely to offer testing (4) staff who participated in the in-service, and perceived themselves as at risk, reported an intent to use male and/or female condoms the next time they had sex and (5) staff members who practiced safer sex, were more likely to talk with clients about risk reduction.

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